


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90011 048 ****61.25

DOCUMENT # N29809		
1. Entity Name DON JACOBS CENTER PROPERTY OWNERS ASSOCIATION, INC.		
Principal Place of Business 13880 SOUTH TAMiami TRAIL FORT MYERS, FL 33912 US	Mailing Address 13880 SOUTH TAMiami TRAIL FORT MYERS, FL 33912 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SHANNON, JEFFREY C ESQ. 501 E. KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$81.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANNON, JEFFREY C 501 E. KENNEDY BLVD., #1700 TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW, SCOTT P 501 E. KENNEDY BLVD., #1700 TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, KEVIN D 501 E. KENNEDY BLVD., #1700 TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/15/04 813/228-7411 <small>Date Daytime Phone #</small>

94009003



01062004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 58-1846609	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	